FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9400005777 (7)

NORWEST FUNDING II, INC.

FILED May 13 1998 8:00am Secretary of State

405 SW 5TH M8122481 DES MOINES US	S IA \$0328 Place of Business	Mailing Address 405 SW 5TH ST MS122481 DES MOINES (A 50328 US 2a. Mailing Address 26 Suite, Apl #, etc.			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/08/1994 4. FEt Number 41-1531749 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	Country 25		Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
9, Name and Address of Current Registered Agent				Name	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			B1		
	ANTATION FL 33324		82	Street	et Address (P.O. Box Number is Not Acceptable)
			83		
			84	City	lool 7- Out
					FL T T T T T T T T T
Pursuant to the provisions of Sections C07.05.02 and C07.15.08, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.05.05, Florida Statutes. SIGNATURE Signature, typed or protect name of registered agent is applicable. (NOTE: Registered Agent signature required whom remetating) DATE					
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD	DELETE	1.1 TITLE		VT Change Addition
NAME	CHAPMAN, ROBERT		1.2 NAME		'-
STREET ADDRESS	405 SW 5TH ST, MS122473		1.3 STREET	address	s
CITY-ST-ZIP	DES MOINES IA		1.4 CITY - S	- 7IP	Des Moines, IA 50328
TITLE	VS MODDICON CTEDUEN D	☐ DELETE	2.1 TITLE		VS ♠ Change Addition
NAME CTOCCT APPRICA	MORRISON, STEPHEN D 405 SW 5TH ST, MS122457		2.2 NAME		James Strother
STREET ADDRESS	DES MOINES IA		2.3 STREET		· 1
CITY-ST-ZIP TITLE	V	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Des Moines, IA 50328 PD Addition
NAME	ANTOINE, ROBERT		3.2 NAME		Patrick Sheehy
STREET ADDRESS	ARE CIVI ATIL OT		3.3 STREET ADDRESS		s 405 S.W. 5th St MC122401
CITY-ST-ZIP	DES MOINES IA		3.4. CITY - S		s 405 S.W. 5th St., MS122481 Des Moines, IA 50328
TITLE	VM .	X DELETE	4.1 THE		Change Addition
NAME	LOVING, JAMES		4. 2 NAME		
STREET ADDRESS	36 01 MINNESOTA DR., STE.	200	4.3 STREET	ADDRESS	s
CITY-ST-ZIP	BLOOMINGTON MN 55435		4.4 CITY - S	- ZIP	<u> </u>
TITLE	Y	☐ DELETE	5.1 TITLE		X Change Addition
NAME	TONTI, JUDITH K		5.2 NAME		Steven D. McClelland
STREET ADDRESS	405 SW 5TH ST, MS122481		5.3 STREET		S
CITY-ST-ZIP TITLE	DES MOINES IA	DELETE	5.4 CITY - ST	- ZIP	S0328
NAME		ריו אנרנונ	6.1 TITLE		☐ Change ☐ Addition
STREET ADORESS			6.2 NAME	ADDDECC	c
CITY-ST-ZIP			6.3 STREET 6.4 CITY - ST		,
14 I hereby o	pertify that the information supplied w	ith this filing does not qualify for	the evennt	on etate	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changot, or on an attachment with an address.					